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Lower Extremity OptiFlow® RM Order and Measuring Form

The ReidSleeve® Products are available for the upper and lower extremities. FDA Class 1. CFR 880.5160.

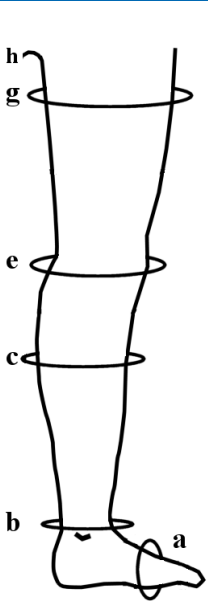
Check all products and provide quantities for this order:

RM - Lower Extremity - Half

- Qty ____ Short - Small
- Qty ____ Medium - Small
- Qty ____ Long - Small
- Qty ____ X-Long - Small
- Qty ____ Short - Medium
- Qty ____ Medium - Medium
- Qty ____ Long - Medium
- Qty ____ X-Long - Medium
- Qty ____ Short - Large
- Qty ____ Medium - Large
- Qty ____ Long - Large
- Qty ____ X-Long - Large

RM - Lower Extremity - Full

- Qty ____ Short - Small
 - Qty ____ Medium - Small
 - Qty ____ Long - Small
 - Qty ____ Short - Medium
 - Qty ____ Medium - Medium
 - Qty ____ Long - Medium
 - Qty ____ Short - Large
 - Qty ____ Medium - Large
 - Qty ____ Long - Large
- RM Foot**
- Qty ____ Small
 - Qty ____ Medium
 - Qty ____ Large



Fill in all circumferences:

- g ____ Thigh (Full only)
- c ____ Calf
- b ____ Ankle
- a ____ Instep (Foot only)

Fill in all lengths:

- b-h ____ Ankle to Groin
- b-e ____ Ankle to Knee

Measuring for:

- Left
- Right

Measuring in:

- Inches
- Centimeters

RM Leg Length Chart

		Short	Medium	Long	Extra Long
Length – Full Leg <small>(ankle to groin)</small>	in	25 – 27	> 27 – 29	> 30 – 33	N/A
	cm	63.5 – 68.5	> 68.5 – 73.6	> 76.2 – 83.8	N/A
Length – Half Leg <small>(ankle to knee)</small>	in	10 – 12	> 12 – 14	> 14 – 16	> 16 – 18
	cm	25.4 – 30.4	> 30.4 – 35.5	> 35.5 – 40.6	> 40.6 – 45.7

RM Leg Size Chart

		Small	Medium	Large
Thigh *full leg only <small>(circumference)</small>	in	> 20 – 25	> 25.5 – 29.5	> 28 – 33
	cm	> 50.8 – 63.5	> 64.7 – 74.9	> 71.1 – 83.8
Calf <small>(circumference)</small>	in	> 12 – 16	> 15.5 – 19	> 17 – 20
	cm	> 30.4 – 40.6	> 39.3 – 48.2	> 43.1 – 50.8
Ankle <small>(circumference)</small>	in	> 7 – 10	> 8 – 12	> 10 – 14
	cm	> 17.7 – 25.4	> 20.3 – 30.5	> 25.4 – 35.5

RM Foot Size Chart

		Small	Medium	Large
Ankle <small>(circumference)</small>	in	> 7 – 10	> 8 – 12	> 10 – 14
	cm	> 17.7 – 25.4	> 20.3 – 30.5	> 25.4 – 35.5
Instep <small>(circumference)</small>	in	> 7.5 – 9.5	> 9.5 – 11	> 11 – 12.5
	cm	> 19 – 24	> 24 – 28	> 28 – 32

Please do initial fitting of all OptiFlow® RM products with the provided cotton stockinette. If the fit is not correct, immediately remove; garments are returnable for exchange only if cotton stockinette is utilized. Soiled or used garments are non-returnable, non-refundable.

Patient Information

Name or Order# _____

I authorize release of my name to Peninsula BioMedical, Inc. for identification purposes related to this garment.

Signature (patient) _____ Date _____

Bill To

PO Number _____
 Name _____
 Address _____
 Phone _____

Ship To

(if different than billing info)

Name _____
 Address _____
 Phone _____

Method Of Shipping

- Ground
 - 3rd Day
 - 2nd Day
 - Overnight
 - Other _____
- (Default method is 3rd day or ground if on west coast)

If credit terms have been provided, I agree to pay the total amount on the invoice within the terms on file with Peninsula BioMedical, Inc. All invoices are **due and payable within 30 days or per terms of written agreement** of the date listed on the invoice. Any invoice over 30 days or the written terms on file is considered delinquent and a **1.5% late fee** will be assessed monthly. Should any invoice become delinquent I understand the account may be placed on a C.O.D. basis, a prepay basis or the account may be suspended.

Signature (purchaser) _____ Date _____